

Illinois WISEWOMAN Program – Patient Information Form – Page 1 of 3

Participant Name:	Date of Birth: / /
Cornerstone ID # (FOR OFFICE USE ONLY):	Date of Office Visit: / /

- What is the primary language spoken in your home?
☐ English ☐ Spanish ☐ Arabic ☐ Chinese ☐ French ☐ Italian
☐ Japanese ☐ Korean ☐ Polish ☐ Russian ☐ Tagalog ☐ Vietnamese
☐ Creole ☐ Portuguese ☐ Hmong
- Which of the following conditions do you have? (Check all that apply.)
☐ Hypertension
☐ High cholesterol
☐ Diabetes
- Have you had any of the following? (Check all that apply.)
☐ Stroke/TIA
☐ Heart attack
☐ Coronary heart disease
☐ Heart failure
☐ Vascular disease (peripheral arterial disease)
☐ Congenital heart disease and defects
- Was medication prescribed to lower: (Check all that apply.)
☐ Blood pressure
☐ Cholesterol (statin)
☐ Cholesterol (other prescribed medication)
☐ Blood sugar
- Are you taking aspirin to help prevent a heart attack or stroke?
☐ Yes
☐ No
☐ Don't know/not sure
- During the past 7 days, how many days did you take prescribed medication for the following conditions?
☐ High blood pressure (answer should be between 0 and 7)
☐ High cholesterol (answer should be between 0 and 7)
☐ High blood sugar (answer should be between 0 and 7)
- Do you measure your blood pressure at home or using other calibrated sources?
☐ Yes
☐ No, was never told to measure blood pressure
☐ No, doesn't know how to measure blood pressure
☐ Not applicable

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8. How often do you measure your blood pressure at home or using other calibrated sources?
 - ☐ Multiple times per day
 - ☐ Daily
 - ☐ A few times per week
 - ☐ Weekly
 - ☐ Monthly
 - ☐ Not applicable

9. Do you regularly share blood pressure readings with a health care provider for feedback?
 - ☐ Yes
 - ☐ No
 - ☐ Not applicable

10. How many cups of fruits and vegetables do you eat in an average day?
 - ☐ Number of cups
 - ☐ None

11. Do you eat fish at least two times a week?
 - ☐ Yes
 - ☐ No

12. Thinking about all the servings of grain products you eat in a typical day, how many are whole grain?
 - ☐ Less than half
 - ☐ About half
 - ☐ More than half

13. Do you drink less than 36 ounces (450 calories) of sugar sweetened beverages weekly?
 - ☐ Yes
 - ☐ No

14. Are you currently watching or reducing your sodium or salt intake?
 - ☐ Yes
 - ☐ No

15. In the past 7 days, how often do you have a drink containing alcohol?
 - ☐ Number of days (answer must be between 1 and 7)
 - ☐ None

16. How many alcoholic drinks, on average, do you consume during a day you drink?
 - ☐ Number of drinks (provide a numerical response)

17. How many minutes of physical activity (exercise) do you get in a week?
 - ☐ Number of minutes (between 0 and 1700)

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18. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)

- ☐ Current Smoker
- ☐ Quit (1-12 months ago)
- ☐ Quit (More than 12 months ago)
- ☐ Never smoked

19. Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things?

- ☐ Not at all
- ☐ Several days
- ☐ More than half
- ☐ Nearly every day
- ☐ Don't wish to answer

20. Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- ☐ Not at all
- ☐ Several days
- ☐ More than half
- ☐ Nearly every day
- ☐ Don't wish to answer